

Introductions

Amara Bahramiaref, Chief of the Policy, Utilization, & External Relations Branch, called the Managed Care Advisory Group (MCAG) meeting into session. Dana Durham, Division Chief of the Managed Care Quality and Monitoring Division welcomed all in attendance on the webinar.

Renewals/Redeterminations

Yingjia Huang, Assistant Deputy Director of Health Care Benefits and Eligibility, provided an update on Renewals and Redeterminations. Counties are receiving redetermination packets and the Department of Health Care Services (DHCS) is tracking patterns on individuals who are being disenrolled. There will be an eligibility dashboard which will post county specific data for March 2023 and April 2023 in June.

2024 Transition Policy Guide

Michelle Retke, Division Chief of Managed Care Operations Division, provided an update on the 2024 Transition Policy Guide. DHCS is working on a robust operational readiness review for the 2024 contracts. The MCP contracts will be effective on January 1, 2024. 17 counties intend to change the Medi-Cal Managed Care models. The goal of the Policy Guide is for information to be easily accessible to MCPs, advocates, members, and stakeholders. DHCS is also working on a matrix, by County, which will be released soon. Please visit the DHCS website for additional information about the [2024 MCP Transition](#) and the [Managed Care Plan Transition Policy Guide](#).

Memorandum of Understanding

Kimberly Swift, Health Program Specialist II in the Policy, Utilization, & External Relations Branch, provided a presentation on the MOUs. The 2024 Medi-Cal Managed Care Contract will require MCPs to execute MOUs with a variety of entities, agencies, and programs. The Contract sets forth minimum requirements for what must be included in every MOU executed by the MCP and the other party. DHCS will release a series of MOU templates that will include the minimum requirements and optional terms that the MCP and the other party may choose to include. Once the MOU templates are developed,

DHCS will share them with the MCPs and stakeholders for review and feedback before they are finalized. The timeline and status of MOU template development for 2024 and 2025 go-live were discussed.

Transportation Benefit: Non-Medical and Non-Emergency Medical Transportation Services

Laura Briones, Health Program Specialist II in the Managed Care Monitoring Branch, provided a presentation on the Transportation Benefit of Non-Medical and Non-Emergency Medical Transportation (NEMT) Services. Topics that were discussed were: the difference between Non-Medical transportation and NEMT; transportation providers versus brokers; and the policies that addressed the missed and delayed transportation rides.

Community Health Worker

Frances Harville, Chief of Policy and Housing Programs Section provided a presentation on Community Health Workers (CHWs). DHCS added the CHW services as a Medi-Cal benefit in July 2022. CHW services prolong life and promote physical and mental health. CHW is a covered service through health education, health navigation, screening and assessment, individual support or advocacy, and violence prevention services. Topics that were discussed were: Member eligibility criteria for CHW services; Provider requirements and qualifications; Criteria for the supervising provider; and Contracting with CHWs.

Summary of Population Health Management (PHM) Readiness Deliverable Submissions

Readiness deliverables were sent to MCPs to ensure CHW, Enhanced Care Management (ECM), and Community Supports (CS) services were not duplicative services. The topics of: Intersection with ECM and CS; Building provider networks for the CHW benefit, and CHW benefit outreach and education on CHW scope of practice, benefit, and services availability for providers and members were discussed. The results of these findings were improved workforce development and access to care facilitation.

Overview of California Advancing and Innovating Medi-Cal (CalAIM) PHM, ECM, and Preventative Services Report (PSR)

PSR

Priya Motz, Acting Chief of Quality & Health Equity Transformation Branch, provided a presentation on the overview of the PSR. The PSR focused on data results from 2021; however, a new report has been published recently and will be presented on a later MCAG meeting.

- » **Key Finding 1:** Performance for measurement year 2020 declined from measurement year 2019; however, exceeded national benchmarks 2020. Majority of the measures for Well-Child visits and blood lead screenings decreased. DHCS continues to make progress on outreach activities and CalAIM will work with MCPs to keep members healthy by focusing on preventative and wellness services.
- » **Key Finding 2:** Counties in the Central and Sacramento Valley and Southern California regions demonstrated more favorable performance for measurement year 2020 while the North and Far North regions continued to demonstrate opportunities for improvement. For MCPs that are operating in lower-performing rural counties, DHCS recommends MCPs to consider expanding the use of telehealth visits, where appropriate, and assess ways to expand the managed care provider networks to improve performance.
- » **Key Finding 3:** Statewide performance varies based on race/ethnicity and primary language. Indicator rates among the different ethnic groups that were above and below the statewide aggregate average were discussed. Majority rates for Chinese, Farsi, Hmong, Spanish, and Vietnamese primary language groups were higher than the statewide aggregate while rates for the Armenian and Russian primary language groups were lower than the statewide aggregate. DHCS recommends MCPs to leverage this information to assist in their population needs assessments (PNA) and performance improvement project (PIP) processes.
- » **Key Finding 4:** Six of the largest counties (Los Angeles, San Bernardino, Riverside, San Diego, Orange, and Sacramento counties) is high for a majority for indicators and account for approximately 59 percent of the pediatric Medi-Cal Managed Care (MCMC) population. DHCS continues to make progress on the outreach activities to encourage utilization of preventive services for children under age 21. It is recommended that MCPs should continue to monitor the impacts of COVID-19 on Well-Child visits and blood lead screenings for measurement year 2021.
- » **Key Finding 5:** Less than half of younger children receive Well-Child visits but receive immunizations and counseling for nutrition/physical activity at higher rates than seen nationally. MCPs are encouraged to continue to ensure children and adolescents receive all their necessary Well-Child visits as well as educate providers on the importance of administering comprehensive preventive care.

- » **Key Finding 6:** Adolescent rates for well care visits are lower than rates for younger children, but adolescents do receive immunizations at higher rates than seen nationally. MCPs are encouraged to leverage information from the PSR to assist in their PIP processes.
- » **Key Finding 7:** Over half of MCMC children receive a blood lead screening by their second birthday, but MCMC children received blood lead screenings at lower rates than seen nationally. DHCS continues to make progress on the outreach activities to encourage utilization of preventive services for children under age 21. DHCS encourages MCPs to continue their efforts to provide educational materials and make calls to parents/guardians of MCMC children to help them understand the services, including available preventive care.

Key Finding 8: Decline in performance from measurement year 2019 to measurement year 2020 impacted all racial/ethnic groups. While all racial/ethnic groups had rate declines across most indicators, likely due to COVID-19, Well-Child visits, dental services, and blood lead screenings were most impacted. DHCS will continue to evaluate the impacts of COVID-19 on Preventive Services utilization among racial/ethnic groups and utilize this information to target quality improvement and outreach efforts to communities most impacted.

PHM

David Tian, Medical Consultant II in Quality and Population Health Management (PHM), provided a presentation on PHM. DHCS has established a cohesive, statewide approach to PHM through which MCPs and their networks and partners are responsive to individual member needs within the communities they serve. PHM also sets forth a common framework and sets expectations for MCPs. DHCS' goal for the PHM monitoring process is to gain a holistic perspective on PHM Program implementation at each MCP.

Transitional Care Services

Bonnie Kwok, Medical Consultant I in Quality and Population Health Management, provided a presentation on Transitional Care Services. The goal is for members to transition to the least restrictive level of care that meets their needs, receive the needed support and coordination to have a safe and secure transition, and to have needed support and connections to services that make them successful in their new environment. A few topics that were also discussed were the requirements and phased transitional care implementation.

PNA

Carrie Whitaker, Nurse Consultant III in Quality and Population Health Management, provided a presentation on upcoming changes to the historical MCP Population Needs Assessment (PNA). To support the success of the PHM Program, DHCS is re-designing MCP requirements for developing a PNA. To achieve this vision, DHCS proposes a central requirement for MCPs to collaborate with Local Health Departments. In May 2023, DHCS released a detailed [Concept Paper](#) to socialize proposed changes and solicit multi-sector feedback to inform subsequent policy and implementation planning. DHCS will issue a new, high-level All Plan Letter and related updates to the PHM Policy Guide to reflect changes and related guidance to MCPs on the modified PNA and PHM Strategy by the end of 2023.

PHM Service

David Tian, Medical Consultant II in Quality and Population Health Management, provided a presentation on PHM Service. The PHM Service is a part of the overall PHM Program. The difference between the PHM Program and Service was explained as well as the process of Risk Stratification, Segmentation, and Tiering (RSST) process that DHCS will use to predict a person's risk of an adverse event or outcome.

ECM: Children & Youth Populations of Focus (POF) Launch Updates

Carrie Whitaker, Nurse Consultant III in Quality and Population Health Management, provided a presentation on ECM: Children & Youth POF Launch Updates. Throughout 2022, DHCS gathered feedback from key stakeholders, including Advisory Groups, Plans, and Public Health Provider Representatives on the design and implementation of ECM for children and youth. The launch milestones from October 2022 to July 2023 were discussed. In addition, both model of care reviews and ongoing conversations with providers, counties and other stakeholders revealed implementation barriers in three interrelated areas:

1. Overlaps with Existing Programs serving Children/Youth;
2. Provider Networks to Serve the Diverse Needs of Children/Youth; and
3. Identification and Referral Pipeline to ECM for Children/Youth.